

Payment Policy: Respiratory Viral Panels

Reference Number: LA.PP.503c

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See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

A respiratory viral panel (RVP) is a test that detects the nucleic acid of respiratory viruses. The test is usually performed using a nasopharyngeal swab and can be used to differentiate between bacterial and viral infections. RVPs can help with clinical decision making, such as when to schedule anesthesia clearance or surgery.

RVPs can detect a variety of viruses, including influenza, respiratory syncytial virus (RSV), adenovirus, parainfluenza virus, coronavirus, rhinovirus, enterovirus, human metapneumovirus, and bocavirus.

The purpose of this policy is to define payment criteria for laboratory procedures to be used in making payment decisions and administering benefits in the appropriate setting.

Policy Description

Respiratory illnesses cause significant morbidity and mortality within the United States and around the world. Seasonal influenza, respiratory syncytial virus (RSV), and SARS-CoV-2 infect many individuals each year, and while most will recover with no complications, a significant number will be hospitalized or die. Diagnostic testing for upper respiratory tract infections can be very useful for clinicians, as clinical signs and symptoms of these infections can have significant overlap between pathogens. Accurate and rapid testing techniques may aid clinicians, via identification of a specific pathogen, in selecting the best course of treatment for patients. Optimally, treatment is started within 48-72 hours of diagnosis. Testing methods range from culture and microscopy to immunoassays and advanced molecular diagnostic techniques.

Application

Testing is approved for the following places of service (POS)

- Off -campus outpatient Hospital (19)
- Inpatient Hospital (21)
- On-campus outpatient hospital (22)
- Emergency Room (23)

Reimbursement and Coverage

Louisiana Healthcare Connections code editing software will evaluate claim lines to determine if the place of service submitted for RVP is consistent with the approved place of services. If the place of service is incorrect, the RVP claim will be denied.

Respiratory Viral Panels 87631, 87632 and 87633

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CPT code 87631 is deemed medically necessary in the following instances:

- Infants (0-less than 1 year) receiving monthly RSV prophylaxis with palivizumab because of high-risk conditions such as prematurity, respiratory disease, or cardiac disease.
- Long-term care facility residents returning to a facility, or a person of any age returning to a congregate setting.

PLEASE NOTE: A primary care physician may perform this 3-5 panel test if medically necessary.

CPT codes 87632 and 87633 are deemed ***potentially*** medically necessary only for:

- Beneficiaries with serious or critical illness or at imminent risk of becoming seriously or critically ill, immunodeficiency, and/or severe underlying condition contributory to testing using an expanded syndromic panel.

Testing for these services should only occur in accordance with one or more of the following instances:

- For immune-competent beneficiaries, the test must be ordered by an infectious disease specialist or pulmonologist who is diagnosing and treating the beneficiary.
- For immune-compromised beneficiaries, the test must be ordered by a clinician specialist in one of the following: infectious diseases, oncology, transplant (for any panel), or pulmonologist who is diagnosing and treating the beneficiary.

PLEASE NOTE: Regarding the previous two bullets, an exception may be made within geographic locations where the specialist(s) cannot be reasonably reached by the beneficiary; AND the beneficiary is under the care of one of these providers: infectious diseases, oncology, transplant (for any panel), or pulmonologist; AND the ordering provider is located closer to the beneficiary's place of residence than the nearest specialist.

This exception is intended for beneficiaries living in rural locations with limited clinical specialist access only.

Documentation Requirements

Not Applicable

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not

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guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT Codes deemed Medically necessary for POS 19, 21,22 and 23

CPT® Codes	Description
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets.
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY FOR 84631:

ICD-10 Codes	Description
P07.30	Preterm newborn, unspecified weeks of gestation
P07.31	Preterm newborn, gestational age 28 completed weeks
P07.32	Preterm newborn, gestational age 29 completed weeks
P07.33	Preterm newborn, gestational age 30 completed weeks
P07.34	Preterm newborn, gestational age 31 completed weeks
P07.35	Preterm newborn, gestational age 32 completed weeks
P07.36	Preterm newborn, gestational age 33 completed weeks
P07.37	Preterm newborn, gestational age 34 completed weeks
P07.38	Preterm newborn, gestational age 35 completed weeks
P07.39	Preterm newborn, gestational age 36 completed weeks
P22.0	Respiratory distress syndrome of newborn
P22.1	Transient tachypnea of newborn
P22.8	Other respiratory distress of newborn
P22.9	Respiratory distress of newborn, unspecified
P29.0	Neonatal cardiac failure
P29.1	Neonatal cardiac dysrhythmia

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ICD-10 Codes	Description
P29.11	Neonatal tachycardia
P29.12	Neonatal bradycardia
P29.2	Neonatal hypertension
P29.3	Persistent fetal circulation
P29.30	Pulmonary hypertension of newborn
P29.38	Other persistent fetal circulation
P29.4	Transient myocardial ischemia in newborn
P29.8	Other cardiovascular disorders originating in the perinatal period
P29.81	Cardiac arrest of newborn
P29.89	Other cardiovascular disorders originating in the perinatal period
P29.9	Cardiovascular disorder originating in the perinatal period, unspecified
Z29.11	Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY FOR 87632-87633:

ICD-10 Codes	Description
B30.2	Viral pharyngoconjunctivitis
B34.0	Adenovirus infection, unspecified
B34.2	Coronavirus infection, unspecified
B97.0	Adenovirus as the cause of diseases classified elsewhere
B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29	Other coronavirus as the cause of diseases classified elsewhere
B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere
B97.81	Human metapneumovirus as the cause of diseases classified elsewhere
B97.89	Other viral agents as the cause of diseases classified elsewhere
D84.81	Immunodeficiency due to conditions classified elsewhere
D84.822	Immunodeficiency due to external causes
D84.89	Other immunodeficiencies
D84.9	Immunodeficiency, unspecified
J00	Acute nasopharyngitis [common cold]
J05.0	Acute obstructive laryngitis [croup]
J06.9	Acute upper respiratory infection, unspecified
J09.X1	Influenza due to identified novel influenza A virus with pneumonia
J09.X2	Influenza due to identified novel influenza A virus with other respiratory manifestations

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ICD-10 Codes	Description
J09.X3	Influenza due to identified novel influenza A virus with gastrointestinal manifestations
J09.X9	Influenza due to identified novel influenza A virus with other manifestations
J10.00	Influenza due to other identified influenza virus with unspecified type of pneumonia
J10.01	Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia
J10.08	Influenza due to other identified influenza virus with other specified pneumonia
J10.1	Influenza due to other identified influenza virus with other respiratory manifestations
J10.2	Influenza due to other identified influenza virus with gastrointestinal manifestations
J10.81	Influenza due to other identified influenza virus with encephalopathy
J10.82	Influenza due to other identified influenza virus with myocarditis
J10.83	Influenza due to other identified influenza virus with otitis media
J10.89	Influenza due to other identified influenza virus with other manifestations
J11.00	Influenza due to unidentified influenza virus with unspecified type of pneumonia
J11.08	Influenza due to unidentified influenza virus with specified pneumonia
J11.1	Influenza due to unidentified influenza virus with other respiratory manifestations
J11.2	Influenza due to unidentified influenza virus with gastrointestinal manifestations
J11.81	Influenza due to unidentified influenza virus with encephalopathy
J11.82	Influenza due to unidentified influenza virus with myocarditis
J11.83	Influenza due to unidentified influenza virus with otitis media
J11.89	Influenza due to unidentified influenza virus with other manifestations
J12.0	Adenoviral pneumonia
J12.1	Respiratory syncytial virus pneumonia
J12.2	Parainfluenza virus pneumonia
J12.3	Human metapneumovirus pneumonia
J12.81	Pneumonia due to SARS-associated coronavirus
J12.9	Viral pneumonia, unspecified
J20.4	Acute bronchitis due to parainfluenza virus
J20.5	Acute bronchitis due to respiratory syncytial virus
J20.6	Acute bronchitis due to rhinovirus
J21.0	Acute bronchiolitis due to respiratory syncytial virus
J21.9	Acute bronchiolitis, unspecified

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ICD-10 Codes	Description
Z11.59	Encounter for screening for other viral diseases

Additional Information

Not Applicable

Related Documents or Resources

Concert Genetics Respiratory Lab Testing

References

1. <https://ldh.la.gov/page/respiratory-home>
2. <https://www.cms.gov/medicare/coding-billing/ncci-medicaid/medicaid-ncci-edit-files>
3. American Medical Association. Current Procedure Terminology <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>
4. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=58741&ver=11>

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
New Policy. IB 24-31	12/24	1/27/25	2/27/25
Annual Review; no updates	1/26	2/3/26	

Important Reminder

This payment policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this payment policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this payment policy. This payment policy is consistent with standards of medical practice current at the time that this payment policy was approved.

The purpose of this payment policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This payment policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to

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applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this payment policy, and additional clinical policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this payment policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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